

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
 45875 NORTHPORT LOOP EAST
 FREMONT, CA 94538
 US

AP.SHIP8@SHIP8.COM

ORDER FROM

100047

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 CHICAGO, IL 60680-1741

SHIP TO

WDC(4000),
 SHIP8, INC.
 ATTN: CHRISTINE JENKINS
 221 HANSON WAY
 WOODLAND, CA 95776
 US

Buyer

Terms

FOB

Ship Via

Purchasing Dept

Net 30 Days

FOB Origin

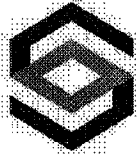
Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	PKG999 - MISC	15x15x8	250.00	Each	1.80	450.00
2	PKG999 - MISC	18x18x10	140.00	Each	2.44	341.60
3	S-13029W	4 X 6" DT MOBILE PRINTER LABELS, WHITE, 105 LABELS PER ROLL	144.00	Each	8.00	1152.00

INV 49

↓ ↓ ↓

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 4/8/25
 WHS LOCATION WDC
 DEPARTMENT Ecom

SUPPLIER / VENDOR:

NAME Uline
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

SHIP TO:

NAME SHIP8 INC
 ADDRESS 221 Hanson Way
Woodland, CA 95776
 CONTACT Alex Gonzalez
 TEL NO. 916-897-7622

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	15x15x8	1.80	250	\$ 450.00	ecom boxes	
	18x18x10	2.44	140	\$ 341.60	ecom boxes	
	4x6 lables	8.00	144	\$ 1,152.00	ecom mobile printer	
		0.00		\$ -		
		0.00		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
ESTIMATED TOTAL				\$ 1,943.60		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: Alex Gonzalez
 SHIP8 PRESIDENT SIGNATURE: _____
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____
 DATE: 4/8/25
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
PAYMENT METHOD: (Please check one)	
<input type="checkbox"/> OPEN ACCOUNT (VENDOR BILL)	<input type="checkbox"/> Provide REQ # to vendor for invoicing; submit approved requisition form to A/P for payment process
<input type="checkbox"/> COD / PREPAID	<input type="checkbox"/> Submit approved requisition form and vendor invoice to Controller for COD/prepaid check
<input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER	<input type="checkbox"/> Submit approved requisition form and receipt to Credit Card Holder
<input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	<input type="checkbox"/> Attach approved requisition form and receipt to employee's expense report for reimbursement

NOTES / INSTRUCTIONS (Not part of printed form)

Please select and thoroughly review the below linked

Warehouse Purchases and Approval Policy - Mar 2023

This form is required for all SHIP8 INC. purchase requests

Fill out form in its entirety

Confirm pricing with the vendor

Obtain all appropriate approvals

Download/Save completed form as a pdf (include quote if applicable)

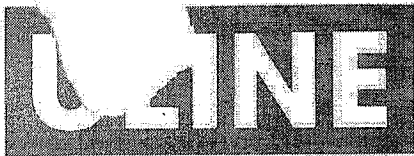
Email PDF to AP.SHIP8@SHIP8.com

Upload a copy of the signed PDF to the Purchase Req Forms
folder on the Google Drive to relevant location

Once product is received, upload POD to the shared drive

so that payment to the vendor can be processed

S:\POD Public File



1-800-295-5510

uline.com

8800 Military Road, Reno, NV 89506



DO#: 1002060382001

SHIPPING SUPPLY SPECIALISTS

SOLD TO: SHIP 8 INC
45875 NORTHPORT LOOP E
FREMONT, CA 945386414

SHIP TO: SHIP8
221 HANSON WAY
WOODLAND, CA 95776

Order #: 34156301

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE
4320560	25040376	DHE Transport	04/08/2025		04/08/2025

MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
S-4891	15X15X8 BOX 25/250	250	EA	250	
* S-21001	ZERO GRAVITY CHAIR <i>PAOLA'S OFFICE</i> THIS ITEM AT NO CHARGE	1	EA	1	
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	144	RL	144	
S-21025	18X18X10 32 ECT BOX 25/300	150	EA	150	

*ITEM: S-21001 WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

4/9/25
Veronica Ramirez

RETURNS: WE HOPE YOU ARE HAPPY WITH THIS ORDER. HOWEVER, IF YOU NEED TO RETURN MERCHANDISE,
PLEASE REFER TO THE BACK OF THIS FORM. THERE IS NO NEED TO CALL ULINE.

ORDER PLACED BY: ALEX GONZALEZ

5306695991

R6

4/8/25 12:00 PM

4/8/25 9:53 AM

INTERNET

PACKING LIST



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 191388182
 ORDER #: 34156301

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2008

SOLD TO: SHIP 8 INC
 45875 NORTHPORT LOOP E
 FREMONT CA 94538-6414

SHIP TO: SHIP8
 221 HANSON WAY
 WOODLAND CA 95776-6211

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
4320560	25040376	DHE TRANSP	04/08/25	04/08/25	NET 30 DAYS	04/08/25
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
250	EA		S-4891	15 X 15 X 8" CORRUGATED BOXES	1.58	395.00 T
150	EA		S-21025	18 X 18 X 10" LIGHTWEIGHT 32 ECT CORRUGATED BOXES	2.04	306.00 T
144	RL		S-13029W	MOBILE PRINTER LABELS - 4 X 6", WHITE	8.00	1,152.00 T
1	EA		S-21001	ZERO GRAVITY CHAIR THIS ITEM AT NO CHARGE	.00	.00

T' DENOTES A TAXABLE LINE.

ORDER PLACED BY: ALEX GONZALEZ
 INTERNET PRO #: 330250168

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
1,853.00	148.24	.00	\$ 2,001.24

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SHIP 8 INC	4320560	191388182	04/08/25	2,001.24

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT